



of Tennessee
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 Fax: 1-888-535-5243 or (423) 535-5243

Medicare Advantage PFFSSM HIT Advance Determination Fax Form

Patient's Name (First, middle, last name)	Patient's ID Number	Patient's Date of Birth
Patient's Address (Street, city, state, zip)	Patient's Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Insurance Coverage: <input type="checkbox"/> Medicare <input type="checkbox"/> BlueCare <input type="checkbox"/> TennCare Select <input type="checkbox"/> Other

Member Information

Primary Diagnosis: ICD-9 Code:	HIT Related Diagnosis: ICD-9 Code:	Other Diagnosis: ICD-9 Code:
Supportive Documentation Attached: <input type="checkbox"/> Signed Doctor's Orders <input type="checkbox"/> Clinical History <input type="checkbox"/> Culture & Sensitivity <input type="checkbox"/> Misc. Lab	Justification for Home Infusion Therapy:	Dates of Service for this advance determination From: _____ To: _____
Daily Administration Schedule for this Infusion Therapy Continuous? <input type="checkbox"/> Yes <input type="checkbox"/> No Pump Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of HIT Therapy <input type="checkbox"/> IV Hydration <input type="checkbox"/> TPN <input type="checkbox"/> Enteral <input type="checkbox"/> PO <input type="checkbox"/> IV Drug Administration <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Aerosol <input type="checkbox"/> Other	
Is the patient receiving private duty nursing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the patient receiving any skilled nursing services in addition to home infusion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reference #	Date of last Service:

HCPCS code	Drug/Supplement with Dosage and Frequency <small>*Code J3490 requires NDC Number</small>	Route of Administration					Total Units Requested
		IV	IM	SQ	Tube	Other	

Per Diem	
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Physician's Name	Provider# NPI Tax ID# (last 5 digits)	Physician's Address (Street, city, state, zip)	Telephone Number () FAX Number ()
Infusion Agency's Name	Provider# NPI Tax ID# (last 5 digits)	Infusion Agency's Address (Street, city, state, zip)	Telephone Number () FAX Number ()
Contact Person	Signature	Title	Date

NOTE: Doctor's orders, clinical information, & appropriate lab must be received with the request for service or within two (2) business days of receiving the initial request for service.

Call In Advance Determinations 1-800-924-7141 Medicare Advantage Customer Service 1-800-841-7434 or 1-888-423-9490 TTY (hearing impaired) between the hours of 8am-9pm, ET, 7 days a week. From March 2 to September 30, you may be required to leave a voicemail on holidays and weekends. Your call will be answered within one business day.